

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039740

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

277

Primary Registration District No.

4411

Registrar's No.

52

FILED NOV 5 1962

VS 300
Rev. 4/59

10821

28120

3

4

5

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7

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94500

10

11

1286-2

13

1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Pike

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Bowling Green

Length of stay in 1b
6 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Sunset Retirement Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Illinois

b. COUNTY

Pike

c. CITY
OR TOWN Rockport

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)
None

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Susie

Middle

Mae

Last

Miller

4. DATE OF DEATH

Month

Day

Year

October 23, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-22-1875

87

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (City and state or country)

Rockport, Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Richard Billings

13b. MOTHER'S MAIDEN NAME

Mahala Payne

14. NAME OF HUSBAND OR WIFE

Homer C. Miller. Dec

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Juanita Clifton. Louisiana. Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Peripheral Circulatory Collapse

INTERVAL BETWEEN ONSET AND DEATH

30 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Congestive Heart Failure

4 days

DUE TO (c)

Senile Arteriosclerotic Debilitation

6 wks.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6/13/62 to 10/23/62 and last saw her on 10/22/62

Death occurred at 7 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Jean R. D. Miller M.D.

22b. ADDRESS

214 W. Church, Bowling Green, Mo.

22c. DATE SIGNED

10/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-26-62

23c. NAME OF CEMETERY OR CREMATOR

West

23d. LOCATION (City, town, or county)

Pittsfield Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

Whitman Hallam Pittsfield, Ill

25. DATE RECD. BY LOCAL REG.

Oct. 25 1962

26. REGISTRAR'S SIGNATURE

Maude C. Williams

Permit obtained
Oct 25-1962
Maude E. Williams
Local registration

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ~~by~~ ^{NOT IN MISSOURI}
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter M. Platter

Licensed Embalmer No. 5710-F11

P. O. Address Griffiths, Del.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.